

St. Petronille

EFT Authorization Form

Checking/Savings/Credit Card

Please Print

Name on Account: _____

Street: _____

City/State/Zip: _____ Phone (____) _____

Date Transfers Are To Begin: _____ Email Address: _____

Please enter amount to be deducted from account, monthly (transferred on the 15th):

Sunday Offertory \$ _____

Springboard to the Future \$ _____

Type of Account: Please circle one: **Checking/Savings or Credit Card**

Checking Account...Please attach a voided check

Savings Account...Please attach a savings deposit slip

Credit Card Account:

___ VISA ___ Discover ___ American Express ___ MasterCard

Credit Card Number: _____ **Expiration Date:** _____

Zip Code where your credit card statement is sent: _____

Please return to the Parish Bookkeeping office – thank you.

I authorize St. Petronille Parish to process debit entries from my checking, savings or credit card as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on account: _____ Date: _____

For Office Use Only: ___ SS ___ PDS ___ QC